

EXHIBIT A

TO: Linda Allen
 United Services Automobile Association
 9800 Fredericksburg Rd # E-3-E
 San Antonio, TX 78288-0002

RE: **Process Served in New York**
FOR: USAA General Indemnity Company (Domestic State: TX)

**Service of Process
Transmittal**
 06/09/2017
 CT Log Number 531373740

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: Terrance R. Wray, Pltf. vs. USAA General Indemnity Company, Dft.

DOCUMENT(S) SERVED: Summons, Return(s), Complaint, Exhibit(s)

COURT/AGENCY: Fairfield County Court of Common Pleas, OH
 Case # 2017CV00434

NATURE OF ACTION: Insurance Litigation

ON WHOM PROCESS WAS SERVED: C T Corporation System, New York, NY

DATE AND HOUR OF SERVICE: By Certified Mail on 06/09/2017 postmarked on 06/05/2017

JURISDICTION SERVED : New York

APPEARANCE OR ANSWER DUE: Within 28 days after service, exclusive of the day of service (Document(s) may contain additional answer dates)

ATTORNEY(S) / SENDER(S): Karl Snyder
 Buttars, Richardson & Snyder LLC
 6059 Frantz Road, Suite 201
 Dublin, OH 43017
 937-985-3066

ACTION ITEMS: CT has retained the current log, Retain Date: 06/09/2017, Expected Purge Date: 06/14/2017

Image SOP

Email Notification, Linda Allen linda.allen@usaa.com

Email Notification, Stacey Villarreal Stacy.Villarreal@usaa.com

Email Notification, Melissa Garcia Melissa.Garcia2@usaa.com

Email Notification, Cassandra Merla-Campillo Cassandra.Merla-Campillo@usaa.com

Email Notification, Alexandria Harvey-Mendoza
 Alexandria.Harvey@internal.usaa.com

Email Notification, Abby Mancha Abby.Mancha@usaa.com

SIGNED: C T Corporation System



TO: Linda Allen
United Services Automobile Association
9800 Fredericksburg Rd # E-3-E
San Antonio, TX 78288-0002

RE: **Process Served in New York**

FOR: USAA General Indemnity Company (Domestic State: TX)

**Service of Process
Transmittal**

06/09/2017
CT Log Number 531373740

ADDRESS: 111 8th Ave Fl 13
New York, NY 10011-5213
TELEPHONE: 212-590-9070

Page 2 of 2 / AP

Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package only, not contents.

Court of Common Pleas
Fairfield County

BRANDEN C. MEYER, Clerk of Courts
224 East Main Street
Lancaster, Ohio 43130

CERTIFIED MAIL®



9434 7266 9904 2084 9709 84



Thank you for using Return Receipt Service

POSTMASTER
PLEASE FORWARD

2017 CV 00434
P000 1238 58

CT CORPORATION SYSTEM
111 8TH AVENUE, 13TH FLOOR
MARIE HAUER
NEW YORK, NY 10011

RETURN RECEIPT REQUESTED
S.S.
S
MAIL DELIVERED

Court of Common Pleas, Fairfield County, Lancaster, Ohio
SUMMONS

Rule 4 1970 Ohio Rules of Civil Procedure
Case No. 2017 CV 00434
JUDGE DAVID A TRIMMER

TERRANCE R WRAY

327 PAGODA COURT
PICKERINGTON OH 43147

Plaintiff
vs.

USAA GENERAL INDEMNITY COMPANY

9800 FREDERICKSBURG ROAD
SAN ANTONIO TX 78288

Defendant

To the above named defendant USAA GENERAL INDEMNITY COMPANY;

You are hereby summoned that a complaint (a copy of which is hereto attached and made a part hereof) has been filed against you in this court by the plaintiff named herein.

You are required to serve upon the plaintiff attorney, or upon the plaintiff if he has no attorney of record, a copy of your answer to the complaint within 28 days after service of this summons upon you, exclusive of the day of service. Said answer must be filed with this court within three days after service on Plaintiff=s attorney is as follows:

KARL SNYDER
BUTTARS, RICHARDSON & SNYDER LLC
6059 FRANTZ ROAD, SUITE 201
DUBLIN, OH 43017

If you fail to appear and defend, judgment by default will be taken against you for the relief demanded in the complaint.

Branden C. Meyer, Clerk

By _____

Deputy

J. Vandenburg

Received this writ on the _____ day of _____, 20_____, at _____
o'clock ____ M., and on the _____ day of _____, 20_____, I served the same on the
within named by _____

RETURN OF SERVICE OF SUMMONS (PERSONAL)

Fees _____
Service \$ _____
Mileage _____
Total \$ _____
Date: _____

I received this summons _____, 20_____, at ____ o'clock
_____. And made personal service of it upon _____
By locating him-them and tendering a copy of summons and
accompanying documents, on _____, 20_____.

Sheriff, Bailiff, Process Server
By _____
Deputy

RETURN OF SERVICE OF SUMMONS (RESIDENCE)

Fees _____
Service \$ _____
Mileage _____
Total \$ _____
Date: _____

I received this summons on _____, 20_____, at ____ o'clock
_____. and made residence service of it upon the defendant(s)

By leaving, at his-their usual place of residence with

A person of suitable age and discretion then residing therein,
a copy of the summons, a copy of the complaint and
and accompanying documents, on _____.

Sheriff, Bailiff, Process Server
By _____
Deputy

RETURN OF SERVICE OF SUMMONS (FAILURE TO SERVICE)

I received this summons on _____, 20_____,
at ____ o'clock _____.m. with instructions to make personal-residence
upon the defendant (s) _____

And I was unable to serve a copy of the summons
upon _____ for the following reason: _____

Sheriff, Bailiff, Process Server
By _____

—
Deputy

FILED

IN THE COMMON PLEAS COURT OF FAIRFIELD COUNTY, OHIO

TERRANCE R. WRAY
327 Pagoda Court
Pickerington, Ohio 43147

2017 JUN -2 AM 8:05

BRANDEN C. MEYER
CLERK OF COURTS
FAIRFIELD CO. OHIO

Plaintiff,

v.

USAA GENERAL INDEMNITY COMPANY
9800 Fredricksburg Road
San Antonio, Texas 78288

Case No: 17 CV 434

JUDGE: JUDGE TRIMMER

also serve at:

CT CORPORATION SYSTEM
111 8th Avenue, 13th Floor
Marie Hauer
New York, New York 10011

Defendants.

COMPLAINT FOR MONEY DAMGES AND OTHER RELIEF

JURY DEMANDED HEREON

Now comes the Plaintiff Terrance Wray, (hereinafter called "Mr. Wray"), which for his Complaint against the Defendant USAA General Indemnity Company (hereinafter called "USAA") states as follows:

INTRODUCTION

1. Mr. Wray purchased Renter's Insurance and a Valuable Personal Property rider covering five items of valuable jewelry from USAA.
2. Three of the insured items of jewelry were stolen on June 5, 2016 from Mr. Wray's vehicle.

3. USAA refused to honor its obligations under the insurance policy by severely undervaluing the jewelry and claiming it could not verify that Mr. Wray owned the jewelry.
4. USAA's conduct during its investigation and refusal to uphold its obligations under the insurance policy without justification amount to bad faith.
5. Therefore, Mr. Wray brings claims for USAA's breach of contract and the tort of bad faith in handling Mr. Wray's insurance claim for all of Mr. Wray's damages, for punitive damages, and for his attorney's fees and costs.

GENERAL ALLEGATIONS

6. Mr. Wray incorporates all other paragraphs of his Complaint by reference as though fully written here.
7. Mr. Wray is a natural person residing at 327 Pagoda Court Pickerington, Ohio 43147.
8. USAA is a corporation licensed under the laws of the State of Texas with its principal place of business in Texas.
9. USAA issues and provides renter's insurance including special coverage for valuable personal property.
10. At all times material, Mr. Wray and USAA were engaged in a renter's insurance policy contract; policy number GIC 18397184 90C ("Renter's Insurance"). A copy of the Renter's Insurance contract is attached hereto as Exhibit A and is incorporated herein.
11. At all times material, Mr. Wray and USAA were engaged in a valuable personal property rider contract; policy number GIC 18397184 90C ("VPP"). A copy of the VPP is attached hereto as Exhibit B and is incorporated herein.
12. The Renter's Insurance and VPP provided coverage for jewelry from theft.

13. As part of the process of purchasing insurance with USAA, USAA required that Mr. Wray have the specific items of jewelry he wished to insure against loss appraised.
14. Mr. Wray cooperated with the process of obtaining complete appraisals for his jewelry.
15. Mr. Wray first purchased an appraisal of his jewelry from American Gem Institute in New York.
16. USAA rejected the appraisals and required Mr. Wray to acquire an appraisal of the jewelry from a graduate gemologist with specific information as to the weight of the metals and gems and the specific number and quality of gems in each piece.
17. Mr. Wray complied and purchased a Retail Replacement Appraisal for his jewelry from Northern Appraisal Services.
18. A Mr. Mitchell Dustin, a graduate gemologist from the Gemological Institute of America and certified gemologist appraiser with the American Gem Society prepared the Retail Replacement Appraisal for Mr. Wray.
19. Mr. Wray submitted the appraisal, which included pictures of the items to be insured, to USAA which used the appraisal to reevaluate the limits of liability for Mr. Wray's VPP.
20. USAA informed Mr. Wray that it would require receipts for items purchased within the last five years before it would insure those newer items.
21. As a result, Mr. Wray removed a luxury diamond gold watch from coverage under the policy; he did not have a receipt for its purchase and feared it would not be covered if lost.
22. The other items Mr. Wray had purchased well over five years ago.
23. USAA sent Mr. Wray a new declaration page reflecting limits of liability for the specific items in line with the Retail Replacement Appraisal.

24. USAA did not update the general descriptions of the specific items covered in the new declaration page to match the Retail Replacement Appraisals specific descriptions of the weight of valuable metals and number, weight, and quality of gems for the covered jewelry. A copy of the new declaration page is attached hereto as Exhibit C and incorporated herein.
25. Mr. Wray also sent USAA multiple pictures of the jewelry as part of the process in obtaining the insurance.
26. Mr. Wray purchased insurance from USAA for five pieces of jewelry: one rose gold plated white gold diamond bracelet, one yellow gold diamond bracelet, one yellow gold diamond ring, one rose gold plated white gold diamond ring, and one rose gold plated white gold diamond chain.
27. On or about June 5, 2016, Mr. Wray's car was broken into and jewelry covered by USAA insurance was stolen. A copy of the police report Mr. Wray filed on June 6, 2016 and a later added addendum is attached hereto as Exhibit D and is incorporated herein.
28. Among other items, the yellow gold diamond bracelet, the rose gold plated white gold diamond chain, and the rose gold plated white gold diamond ring were stolen from Mr. Wray's vehicle parked in front of his home.
29. Mr. Wray reported the loss to USAA on June 6, 2016 by telephone.
30. Mr. Wray and USAA then communicated concerning the loss by messages through Mr. Wray's online portal with USAA.
31. USAA assigned the claim the number 018397184-90C-003.
32. USAA required Mr. Wray to amend his statement on the police report to include more detailed information about the specific items stolen.

33. Mr. Wray complied and provided the police with more information about the specific items stolen.
34. USAA also required Mr. Wray to submit an itemized list of everything stolen from his vehicles, appraisals of the jewelry again, pictures of Mr. Wray wearing the jewelry, details on servicing of the jewelry Mr. Wray had purchased in the past, and receipts for the appraisals he purchased.
35. Mr. Wray complied and sent USAA the information requested except for receipts relating to the purchase of the jewelry.
36. Mr. Wray contacted the jeweler from whom he purchased the jewelry, but the jeweler was unable to provide Mr. Wray with receipts of his purchases.
37. An investigator from USAA interviewed Mr. Wray concerning the loss.
38. An investigator called Mr. Wray's girlfriend and asked if the jewelry was fake, among other questions.
39. In January of 2017, USAA messaged Mr. Wray and informed him that they could not verify that Mr. Wray owned the jewelry that USAA insured.
40. In January of 2017, USAA told Mr. Wray that the descriptions of the jewelry in his policy did not match the appraisals and descriptions of the stolen jewelry Mr. Wray lost.
41. In January of 2017, USAA issued Mr. Wray a check for \$16,065.88 for what it claimed to be standard pricing for the lost jewelry.
42. The valuable personal property rider scheduled limits of liability of \$61,000.00 for the rose gold plated white gold diamond chain, \$60,200.00 for the yellow gold diamond bracelet, and \$16,000.00 for the rose gold plated white gold diamond ring.

43. On or about May 3, 2017, Mr. Wray requested to speak with a manager with USAA concerning his claim.
44. On or about May 17, 2017, an individual from USAA contacted Mr. Wray and told him the description of the items covered did not match the descriptions in the new declaration page, and that Mr. Wray could have gone to any jewelry store and purchased an appraisal on an item of interest in order to obtain insurance coverage.
45. USAA had no basis to blame Mr. Wray for its failure to update the descriptions of the items in the VPP or to believe that Mr. Wray did not own the jewelry items.
46. USAA failed to honor Mr. Wray's claim as to the VPP without justification.
47. USAA had ample evidence before it insured the items and during its investigation which established Mr. Wray owned the jewelry.
48. USAA attempted to require Mr. Wray to produce evidence that did not exist as to his ownership.
49. Mr. Wray still possesses the other the pieces of jewelry that USAA insured, the rose gold plated white gold diamond bracelet and the yellow gold diamond ring.
50. Mr. Wray does not possess the gold diamond watch that USAA originally insured.
51. USAA delayed unnecessarily, failed to perform an adequate investigation into Mr. Wray's ownership of the stolen property, and then denied his claim without justification.
52. Mr. Wray was damaged by USAA's actions described herein.
53. Mr. Wray is entitled to all his actual damages, punitive damages, and his attorney fees and costs in an amount to be proven at trial to exceed \$25,000.00.

**COUNT ONE
BREACH OF CONTRACT**

54. Mr. Wray incorporates all other paragraphs of his Complaint by reference as though fully written here.
55. The Renter's Insurance and VPP are enforceable contracts between Mr. Wray and USAA.
56. Coverage of claims is material to any insurance policy including the Renter's Insurance Mr. Wray purchased from USAA.
57. USAA failed to cover Mr. Wray's claim for coverage of the three items of jewelry that he lost without justification.
58. USAA breached the Renter's Insurance and VPP when it refused to cover Mr. Wray's claim for the loss of the three items of jewelry.
59. Mr. Wray fully performed his obligations under the insurance policy by paying the monthly premium on time.
60. Mr. Wray was damaged by USAA's material breach.
61. For all the foregoing reasons, Mr. Wray is entitled to his expectation damages under the Renter's Insurance and Valuable Personal Property Rider in an amount to exceed \$25,000.00.

**COUNT TWO
BAD FAITH DENIAL OF CLAIM**

62. Mr. Wray incorporates all other paragraphs of his Complaint by reference as though fully written here.
63. Defendant denial of coverage for the three items of jewelry without justification constitutes bad faith.

64. USAA, the insurer, has a duty to act in good faith in the settlement of claims by Mr.

Wray, the insured.

65. USAA had no arguable reason and no lawful basis to deny Mr. Wray's claim as it

pertained to his lost jewelry.

66. As a direct and proximate cause of USAA's bad faith denial of Mr. Wray's claim, Mr.

Wray suffered damages to exceed \$25,000.00.

67. For all the foregoing reasons, Mr. Wray is entitled to all his damages, punitive damages,

and his attorney's fees and costs.

**COUNT THREE
UNJUST ENRICHMENT**

68. USAA's retention of the money it was required to pay Mr. Wray pursuant to the

insurance policy without justification is unjust.

69. Mr. Wray paid USAA money to insure his valuable personal property.

70. USAA failed to pay Mr. Wray the full amounts to which he was entitled.

71. USAA has been unjustly enriched in an amount to be proven at trial and to exceed

\$25,000.00.

72. Mr. Wray is entitled to his damages in the amount of at least the money USAA has

wrongfully retained in an amount to exceed \$25,000.00.

DEMAND AGAINST DEFENDANT

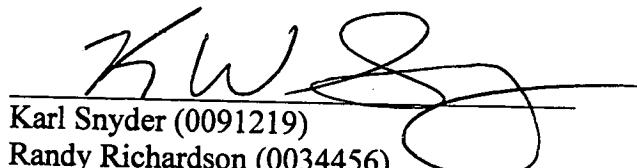
WHEREFORE Plaintiff prays the Court:

- a. Assume jurisdiction of this case;
- b. Award Plaintiff actual damages in an amount to be determined at trial;
- c. Award Plaintiff the maximum economic, non-economic, actual, general, other, and statutory damages sought under each Count;

- d. Award Plaintiff punitive damages as appropriate;
- e. Grant Plaintiff the costs of this litigation, including filing fees and reasonable attorney's fees; and
- f. Grant all other relief the Court deems appropriate.

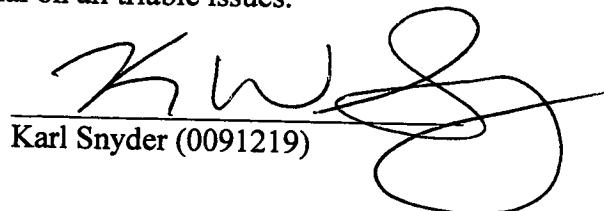
Respectfully Submitted,

BUTTARS, RICHARDSON & SNYDER LLC


Karl Snyder (0091219)
Randy Richardson (0034456)
Attorneys for Plaintiffs
6059 Frantz Road, Suite 201
Dublin, Ohio 43017
PH: 937-985-3066
karl@abkslaw.com
randy@abkslaw.com

JURY TRIAL DEMANDED

Plaintiff respectfully requests a jury trial on all triable issues.


Karl Snyder (0091219)



RENTERS POLICY PACKET

GIC 01839 71 84 REN 001
EFFECTIVE: 02-16-16 TO: 02-16-17

TERRANCE R WRAY
327 PAGODA CT
PICKERINGTON OH 43147-7945

IMPORTANT MESSAGES

Attached are your policy documents and other information you may find helpful concerning your insurance coverages and premiums. Please take a few minutes to review them, and then file them with your policy records.

EXHIBIT A

THIS IS NOT A BILL. Any premium charge or return for this policy will be reflected on your next regular monthly statement.

RECEIVE THIS DOCUMENT AND OTHERS ELECTRONICALLY. SIGN UP AT usaa.com.

FOR U.S. CALLS: POLICY SERVICE 1-800-531-8722. CLAIMS 1-800-531-8722.

Thank you for letting us serve you. We appreciate your business.

RPCS1

64831-0907

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USAA GENERAL INDEMNITY COMPANY

MAIL MACH-I

9800 Fredericksburg Road - San Antonio, Texas 78288

RENTERS PROTECTION POLICY DECLARATIONS

The Policy is complete only when the following are combined: Policy Packet (Part One), Declarations Page (Part Two),
GENERAL PROVISIONS and when purchased, **PERSONAL PROPERTY** and/or **PERSONAL LIABILITY**.

PART TWO**Named Insured and Basing Address**

TERRANCE R WRAY
 327 PAGODA CT
 PICKERINGTON, OH 43147-7945
 COUNTY: FAIRFIELD

Policy Number

GIC 01839 71 84 REN 001

POLICY PERIOD: FROM 02/16/16 TO 02/16/17

(12:01 A.M. Standard Time at location of the property described)

PERSONAL PROPERTY		Premium	
DEDUCTIBLES			
We cover only that part of the loss over the deductible stated.		Limit of Liability	
OTHER PERILS	\$ 250	\$ 20,000	\$200.57
EARTHQUAKE	\$ 3,000		
PERSONAL LIABILITY			
Coverages		Limit of Liability	
LIABILITY	Each Occurrence	\$ 100,000	\$40.97
MEDICAL PAYMENTS TO OTHERS	Each Person	\$ 5,000	
OPTIONAL COVERAGES			
TOTAL ANNUAL PREMIUM			\$241.54

PREMIUM DUE AT INCEPTION. THIS IS NOT A BILL. STATEMENT TO FOLLOW.

TOTAL PRORATED RETURN

\$86.52

Forms and endorsement(s) made a part of this policy at time of issue or amendment

IN FORCE: ESA (0205), R-IDF (0703), R-MCOV (0609), R-OH (0699), R-20 (0486)
 RP-MLD (0803), RP-1 (0486), RP-3 (0486), RP-6 (0486)

Loss Payable Clause: Loss, if any, will be paid to you and

as interests may appear.

In WITNESS WHEREOF, this policy is signed on 02/24/16

Steven Alan Bennett, Secretary

Alan W. Krapf, President

RP-D 4-86 (REV. 3-04)

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USAA GENERAL INDEMNITY COMPANY
RENTERS PROTECTION POLICY DECLARATIONS

	Policy Number	Policy Term:	02/16/16	02/16/17
	GIC 01839 71 84 REN 001	Inception		Expiration

YOUR PREMIUM HAS BEEN REDUCED BY THE FOLLOWING CREDITS AND DISCOUNTS:

AUTO/RENTERS COMBINATION	\$26.84
CLAIMS FREE DISCOUNT	\$76.28

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PAGE 1
MAIL MACH-I

02-15-16



VALUABLE PERSONAL PROPERTY
A Personal Articles Floater

Valuable Personal Property Packet
VPP-CS1 (02-06)

GIC 01839 71 84 90C
02-16-16 TO: 02-16-17

TERRANCE R WRAY
327 PAGODA CT
PICKERINGTON OH 43147-7945

IMPORTANT MESSAGES

Refer to your Declarations, Policy, Schedule and endorsements to verify that coverages, limits, and other policy details are correct and meet your insurance needs. Required information forms are also enclosed for your review.

- 1) USAA considers many factors when determining your premium. Maintaining your property to reduce the probability of loss is one of the most important steps you can take. A history of claim activity may affect your coverage.

EXHIBIT B

This is not a bill. Any premium charge or return for this policy will be reflected on your next regular monthly statement. For U.S. Calls: Policy Service (800) 531-8111. Claims (800) 531-8222.
Receive this document and others electronically. Sign up at usaa.com.

VPP-CS1

50528-0206

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9800 Fredericksburg Road • San Antonio, Texas 78288

USAA GENERAL INDEMNITY COMPANY

VALUABLE PERSONAL PROPERTY
A Personal Articles Floater

DECLARATIONS
NEW
Named Insured and Primary Residence

TERRANCE R WRAY
327 PAGODA CT
PICKERINGTON, FAIRFIELD, OH 43147

Policy Number
GIC 01839 71 84 90C

Policy Period: 02-16-16 - 02-16-17 From 12:01 AM. Standard Time at the property location.

CLASS OF PERSONAL PROPERTY	CLASS LIMIT OF LIABILITY	CLASS ANNUAL PREMIUM
1. a. JEWELRY – Blanket Coverage		
1. b. JEWELRY – Scheduled Coverage	\$248,000	\$2,978.00
2. FURS		
3. SILVERWARE		
4. FINE ARTS		
5. CAMERAS		
6. MUSICAL INSTRUMENTS		
7. GUNS		
8. STAMP COLLECTIONS		
9. COIN COLLECTIONS		
TOTAL ANNUAL PREMIUM		\$2,978.00
PREMIUM DUE AT INCEPTION.		
THIS IS NOT A BILL. Statement to follow.		

Policy and Endorsements that are part of your contract with us.

VPP-P	(02-06)	VALUABLE PERSONAL PROPERTY
VPP-QR CGG	(02-06)	QUICK REFERENCE
VPP-S		SCHEDULE

In Witness Whereof, this policy is signed on 02-15-16

VPP-D (10-12)

Steven Alan Bennett, Secretary

Alan W. Krapf, President

50499-0812_04



9800 Fredericksburg Road • San Antonio, Texas 78288

GIC 01839 71 84

PAGE 4
90C
VALUABLE PERSONAL PROPERTY
A Personal Articles Floater
SCHEDULE

02-16-16 TO: 02-16-17

ITEM NUMBER	DESCRIPTION	LIMIT OF LIABILITY
SCHEDULED JEWELRY		
001	GOLD ROLAX YATCH MASTER 2, 45 KARATS, VS, G-H COLO R	\$95,000
002	768 GRAMS, 10K GOLD, CUBAN LINK, 62 KARAT, ROUND D IAMOND	\$50,000
003	BRACELET, 42 KARAT, 14K ROSE GOLD, PRINCESS CUT RO UND, SI-2, H COLOR	\$40,000
004	BRACELET, 60 KARATS, GOLD, ROUND DIAMOND, SI-2, G- H COLOR	\$45,000
005	RING. 7 KARAT, PRINCESS ROUND DIAMONDS, SI, H COLO R	\$7,000
006	RING. 11 KARAT, ROUND CUT DIAMONDS, SI, H COLOR	\$11,000

VPP-S

50527-0206



9800 Fredericksburg Road • San Antonio, Texas 78288

GIC 01839 71 84

PAGE 5
90C**VALUABLE PERSONAL PROPERTY**
A Personal Articles Floater**QUICK REFERENCE**

This policy is a legal contract between you and us. It consists of a **Declarations**, **Schedule**, **Policy** and any applicable endorsements.

Your contract insures the classes of personal property shown on the **Declarations** with a **CLASS LIMIT OF LIABILITY**. It insures the items shown on the **Schedule** and with a **DESCRIPTION** and **LIMIT OF LIABILITY**.

The **Policy** sets forth, in detail, your and our rights and obligations.

DECLARATIONS
SCHEDULE
QUICK REFERENCE
POLICY
AGREEMENT
DEFINITIONS
PERSONAL PROPERTY COVERAGE
PERSONAL PROPERTY NOT COVERED
CAUSES OF LOSS COVERED
CAUSES OF LOSS NOT COVERED
Policy Page 3
NEWLY ACQUIRED PROPERTY COVERAGE
CONDITIONS

1. Insurable Interest and Limit of Liability
2. Your Duties After Loss

Policy Page 4
3. Loss Settlement
QUICK REFERENCE**Policy Page 5**

4. Appraisal
5. Other Insurance
6. Suit Against Us
7. Loss Payment
8. Abandonment
9. Insurance Not to Benefit Others
10. Salvage and Recovered Property
11. Concealment or Fraud
12. Liberalization Clause
13. Waiver or Change of Policy Provisions

Policy Page 6

14. Spouse Access
15. Cancellation and Nonrenewal
 - a. Cancellation
 - b. Nonrenewal
16. Assignment
17. Subrogation
18. Death
19. No Benefit to Bailee
20. Policy Period

This is a participating policy. You are entitled to dividends as may be declared by the company's Board of Directors.



9800 Fredericksburg Road • San Antonio, Texas 78288

GIC 01839 71 84

PAGE 6
90C
VALUABLE PERSONAL PROPERTY
A Personal Articles Floater

POLICY
VPP-P (02-06)
AGREEMENT

In return for your payment of premium and subject to all terms of this policy, we will provide the insurance described.

We cover each **CLASS OF PERSONAL PROPERTY** with a dollar amount under **CLASS LIMIT OF LIABILITY** as shown on the Declarations. The premium is based on the primary residence address of the Named Insured, unless an exception is indicated on the Declarations.

Subject to the **CLASS LIMIT OF LIABILITY** displayed on the Declarations and subject to the policy provisions, we cover the property insured under this policy anywhere in the world.

DEFINITIONS

In this policy "you" and "your" refer to the "named insured" shown on the Declarations and the spouse when a resident of the same household.

"We," "us" and "our" refer to the Company providing this insurance.

The following defined words are in boldface when used.

"Insured": you and residents of your household who are:

1. your relatives; or
2. other persons under the age of 21 and in the care of any person named above.

"Business": occupation, trade or profession. This also includes:

1. the regular use of property for pay or profit;
2. items bought for the purpose of selling or trading.

"Occurrence": an accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results in property damage during the policy period.

"Scheduled": an item showing a specific:

1. description; and
 2. value
- on the Schedule attached to this policy.

"Blanket":

1. Jewelry is covered on a blanket basis when this policy's Declarations, Class of Personal Property, 1.a. Jewelry-Blanket Coverage shows a Class Limit of Liability.
2. Stamps and Coins are covered on a blanket basis when the item description on this policy's Schedule includes the word blanket.

PERSONAL PROPERTY COVERAGE

The following classes of personal property are covered, if a **CLASS LIMIT OF LIABILITY** is shown on the Declarations.

1. **Jewelry**: personal adornment composed in whole or in part of silver, gold, platinum or other precious metals and alloys.

2. **Furs**: personal garments consisting principally of or trimmed with natural fur.

This class includes fur jackets, coats, stoles, and neck pieces.

3. **Silverware**: sterling silverware, silver-plated ware, goldware, gold-plated ware, pewterware, platinumware and platinum-plated ware.

4. **Fine Arts**: items of rarity, artistic merit, or historical significance.

5. **Cameras**: cameras and projection equipment, including accessories and darkroom equipment

6. **Musical Instruments:** musical instruments and their equipment and accessories.
7. **Guns:** guns and their accessories.
8. **Stamp Collections:** collections of stamps and other philatelic property.

This class includes:

- a. due, envelope, official, revenue, match and medical stamps;
- b. covers, locals, reprints, essays, proofs; and
- c. books, pages and mountings of items in a. and b.

9. **Coin Collections:** collections of rare and current coins and other numismatic property either owned by you or in your custody or control.

This class includes:

- a. medals, paper money, bank notes;
- b. tokens of money;
- c. coin albums, containers, frames, cards; and
- d. display cabinets in use with the collection.

PERSONAL PROPERTY NOT COVERED

We do not cover:

1. Any property:
 - a. while being used for business; or
 - b. away from the residence premises for a business purpose.

2. Fine Arts while displayed at any exposition.
3. Gun ammunition.

CAUSES OF LOSS COVERED

We insure against risks of direct, physical loss to covered property unless the cause of loss is not covered by this policy.

CAUSES OF LOSS NOT COVERED

We do not cover loss or damage caused directly or indirectly by any of the following. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

1. Loss, theft or damage, arising out of any act committed:
 - a. by or at the direction of any insured; and
 - b. with the intent to cause loss or damage.
2. Neglect of any insured to use all reasonable means to save and preserve the property at and after the time of loss.
3. Any repairing, adjusting, servicing or maintenance operation, restoration, refinishing, renovation, or retouching.
4. Mechanical or electrical breakdown or failure.
5. Wear and tear, deterioration, inherent vice or defect.

6. Microbial organisms, including but not limited to mold, mold spores, fungus, bacterium, parasitic microorganisms and wet or dry rot.

7. War, including undeclared war, civil war, insurrection, rebellion, revolution, warlike act by a military force or military personnel, destruction or seizure or use for a military purpose, including any consequence of any of these.

Discharge of a nuclear weapon shall be deemed a warlike act even if accidental.

8. Nuclear reaction, radiation or radioactive contamination, whether controlled or uncontrolled, however caused. Nor is any consequence of these covered. Loss caused by these shall not be considered loss caused by fire, explosion or smoke.

But we do cover direct loss by fire resulting from nuclear reaction, nuclear radiation, or radioactive contamination.

9. Shipment of property by mail. However, we do cover shipment by registered mail or any other traceable delivery method.
10. Guns:
- explosion, rust, fouling, marring, or scratching;
 - seizure or destruction under quarantine or customs regulation;
 - confiscation by order of any government or public authority;
 - risks of contraband or illegal transportation or trade;
 - riot, strike, labor disturbance or civil commotion.
11. Stamp or Coin Collections:
- damage from being handled or worked on;
 - transfer of colors, fading, creasing, denting, scratching, tearing, or thinning;
 - disappearance of individual stamps, coins or other related articles unless the item is:
 - scheduled; or
 - mounted in a volume and the page to which it is attached is also lost.

NEWLY ACQUIRED PROPERTY COVERAGE

We cover newly acquired property of a class already insured provided the property is acquired during the policy period.

For coverage to apply to the newly acquired property, you must:

- report the property to us within 30 days of the date acquired; and
- pay the additional premium from the date acquired.

The most we will pay under this section, subject to this policy's CONDITIONS, is 25% of the applicable CLASS LIMIT OF LIABILITY shown on the Declarations.

If you purchased the item, we will pay the market cash value of the item or the amount you paid for it, whichever is less, subject to the limits described in this section.

If you acquired the item by any means other than purchasing it, we will pay the market cash value of the item, subject to the limits described in this section.

When a class has property covered only on a blanket basis, the most we will pay for a:

- jewelry item is \$2,500;
- stamp or coin item is specified under CONDITIONS, 3. Loss Settlement, b., (2).

CONDITIONS

- Insurable Interest and Limit of Liability.** Even if more than one person has an insurable interest in the property covered, we will not be liable in any one loss:
 - for more than the amount of the insured's interest at the time of the loss; or
 - for more than the applicable Limit of Liability.
- Your Duties After Loss.** In case of a loss to which this insurance may apply, you must see that the following duties are done:
 - promptly notify us or our agent;
 - promptly notify the police if the loss is caused by theft or vandalism;
 - protect the property from further damage;
 - prepare an inventory of damaged, lost, or stolen property showing the:
 - quantity,
 - description
 - replacement cost with like kind and quality property, and
 - amount of loss.
- attach all bills, receipts and related documents that justify the figures in the inventory;
- provide proof of ownership.
- as often as we reasonably require:
 - show the damaged property;
 - provide us with records and documents we request and permit us to make copies;
 - submit to examination under oath, while not in the presence of any other insured, and sign the same; and
 - assure the attendance of employees, members of your household or others for examination under oath to the extent that it is within your power to do so.

- h. send to us, within 90 days after our request, your signed, sworn proof of loss which sets forth, to the best of your knowledge and belief the:
 - (1) time and cause of loss;
 - (2) interest of the insured and all others in the property involved;
 - (3) name and address of any other insurance company which may cover the loss;
 - (4) name and address of any lienholders; and
 - (5) inventory of personal property and attachments described in 2.d. and 2.e.
- 3. **Loss Settlement.** Covered property losses are settled as follows:
 - a. **Fine Arts.** We will pay the amount shown for each scheduled item which is agreed to be the value of the item.

In case of loss to a pair or set, we agree to pay you the full amount of the set as shown in the Schedule and you agree to surrender the remaining articles of the set to us.
 - b. **Stamp Collections or Coin Collections.**
 - (1) In case of loss to any schedule item, the amount to be paid will be determined in accordance with Loss Settlement, c. All Other Insured Property.
 - (2) When covered on a blanket basis, the most we will pay:
 - (i) for any one stamp, coin or individual article, or any one pair, set, strip, block, series, sheet, cover, frame or card is \$1,000; and
 - (ii) for all items in the class is the **LIMIT OF LIABILITY** shown on the Schedule.

We will not pay:
 - (a) for the loss of the entire blanket, pair or set; nor
 - (b) more than the market cash value at time of loss;
because of a partial loss.
 - c. **All Other Insured Property.** The value of the property is not agreed upon but will be determined at the time of loss or damage. In settling any claim, our limit of

liability will not exceed that shown on this policy's Schedule for the covered property.

- (1) It is our option to:
 - (a) replace the property with property of comparable kind, quality and usefulness, without deduction for depreciation; or
 - (b) pay you the cost to have the property repaired or restored to the condition it was in just before the loss.
- (2) If you do not wish to have the property replaced, repaired or restored, we will pay you the lesser of:
 - (a) our cost to replace the property, without deduction for depreciation; or
 - (b) the cost to repair or restore it
- (3) We will pay you the scheduled limit of liability if we determine that it is not possible or feasible to replace, repair or restore the property.
- (4) In case of loss to a pair or set we may elect to:
 - (a) repair or replace any part to restore the pair or set to its value before the loss; or
 - (b) pay the difference between actual cash value of the property before and after the loss.

We will not pay you for the loss of the entire pair or set because of a partial loss.
- (5) When covered on a blanket basis:
 - (a) the value of the property will be determined at the time of loss.
 - (b) the most we will pay:
 - (i) for any one item in a class is \$2,500; or
 - (ii) for all items in the class is the **Blanket Coverage CLASS LIMIT OF LIABILITY** shown on the Declarations.

The provisions under Loss Settlement, c. (1), (2), and (4) also apply.
 - d. We will pay for an item only once, either under blanket coverage or under scheduled coverage.

- 4. Appraisal.** If you and we do not agree on the amount of loss, either party can demand that the amount of the loss be determined by appraisal. If either makes a written demand for appraisal, each will select a competent, independent appraiser and notify the other of the appraiser's identity within 20 days of receipt of the written demand.

The two appraisers will then select a competent, impartial umpire. If the two appraisers are not able to agree upon the umpire within 15 days, you and we can ask a judge of a court of record in the state of your residence to select an umpire.

The appraisers will then set the amount of the loss. If they submit a written report of any agreement to us, the amount agreed upon will be the amount of the loss. If they fail to agree within a reasonable time, they will submit their differences to the umpire.

Written agreement signed by any two of these three will set the amount of the loss. Each appraiser will be paid by the party selecting that appraiser. Other expenses of the appraisal and the compensation of the umpire will be paid equally by you and us.

- 5. Other Insurance.** If loss or damage covered by this policy is also covered by other insurance, we will pay only as excess insurance over the other insurance.
- 6. Suit Against Us.** No action can be brought against us unless you have:
- given us notice of the loss;
 - complied with all other policy provisions; and
 - started the action within one year after the date of the loss.
- 7. Loss Payment.** We will adjust all losses with you. We will pay you unless some other person is named in the policy or is legally entitled to receive payment. Loss will be payable 60 days after we receive your proof of loss and:
- reach an agreement with you;
 - there is an entry of a final judgment; or
 - there is a filing of an appraisal award with us.

- 8. Abandonment.** You may not abandon property to us for any reason.
- 9. Insurance Not To Benefit Others.** No person or organization having custody of the property and to be paid for services shall benefit from this insurance.
- 10. Salvage and Recovered Property.**
- We have an interest in the salvage value of any property for which we have made payment under the Loss Settlement provision. At our option, property that we have paid for or replaced becomes our property.
 - If you or we recover any property for which we have made payment under this policy, you or we will notify the other of the recovery. At your option, you may retain the property. If you retain the property, the loss payment, or any lesser amount to which we agree, must be refunded to us.
- 11. Concealment or Fraud.** We do not provide coverage to any insured who, whether before or after a loss, has:
- intentionally concealed or misrepresented any material fact or circumstance;
 - engaged in fraudulent conduct; or
 - made false statements; relating to this insurance.
- 12. Liberalization Clause.** If we make a change which broadens coverage under this edition of our policy without additional premium charge, that change will automatically apply to your insurance as of the date we implement the change in your state, provided that this implementation date falls within 60 days prior to or during the policy period stated on the Declarations.
- This Liberalization Clause does not apply to changes implemented through introduction of a subsequent edition of our policy.
- 13. Waiver or Change of Policy Provisions.** A waiver or change of a provision of this policy must be in writing by us to be valid. Our request for an appraisal or examination will not waive any of our rights.

14. Spouse Access. The named insured and we agree that the named insured and resident spouse are "customers" for purposes of state and federal privacy laws. The resident spouse will have access to the same information available to the named insured and may initiate the same transactions as the named insured. The named insured may notify us that he/she no longer agrees that the resident spouse shall be treated as a "customer" for purposes of state and federal privacy laws, and we will not permit the resident spouse to access policy information.

15. Cancellation and Nonrenewal.

a. **Cancellation.**

- (1) You may cancel this policy at any time. However, the effective date of cancellation cannot be earlier than the date of your request to cancel.
- (2) We may cancel this policy by notifying you in writing at least 10 days before the date cancellation takes effect. This cancellation notice to you will be mailed to your last known mailing address. Proof of mailing will be sufficient proof of notice.
- (3) When you have not paid your premium, we may cancel at any time by mailing written notice to you at your last known mailing address at least 10 days before the date cancellation takes effect.
- (4) When this policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.
- (5) If the premium is not refunded with the notice of cancellation or when this policy is returned to us, we will refund it within a reasonable time after the date cancellation takes effect.

b. **Nonrenewal.** We may elect not to renew this policy. We may do so by mailing written notice to you at your last known mailing address, at least 30 days before the expiration date of this policy. Proof of mailing will be sufficient proof of notice.

16. Assignment. Assignment of this policy will not be valid unless we give our written consent.

17. Subrogation. An insured may waive in writing before a loss all rights of recovery against any person. If not waived, we may require an assignment of rights of recovery for a loss to the extent that payment is made by us.

If an assignment is sought, an insured must sign and deliver all related papers and cooperate with us.

18. Death. If you die, then with respect to property covered under this policy at that time, insured will include:

- a. any resident of your household who is an insured at the time of your death;
- b. the person having proper temporary custody of property covered by this policy until appointment and qualification of a legal representative; or
- c. your legal representative.

19. No Benefit to Bailee. We will not recognize any assignment or grant any coverage that benefits a person or organization holding, storing or moving property for a fee regardless of any other provision of this policy.

20. Policy Period. This policy applies only to loss that occurs during the policy period.

FRAUD WARNING

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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PAGE 1
MAIL MACH-I

03-31-16



VALUABLE PERSONAL PROPERTY
A Personal Articles Floater

Valuable Personal Property Packet
VPP-CS1 (02-06)

GIC 01839 71 84 90C
04-01-16 TO: 02-16-17

TERRANCE R WRAY
327 PAGODA CT
PICKERINGTON OH 43147-7945

IMPORTANT MESSAGES

Refer to your Declarations, Policy, Schedule and endorsements to verify that coverages, limits, and other policy details are correct and meet your insurance needs. Required information forms are also enclosed for your review.

- 1) USAA considers many factors when determining your premium. Maintaining your property to reduce the probability of loss is one of the most important steps you can take. A history of claim activity may affect your coverage.

This is not a bill. Any premium charge or return for this policy will be reflected on your next regular monthly statement. For U.S. Calls: Policy Service (800) 531-8111. Claims (800) 531-8222.
Receive this document and others electronically. Sign up at usaa.com.

VPP-CS1

50528-0206

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9800 Fredericksburg Road • San Antonio, Texas 78288

PAGE 3
GIC 01839 71 84 90C

VALUABLE PERSONAL PROPERTY
A Personal Articles Floater

Change Endorsement
VPP-CHG (10-12)

This endorsement, effective 04-01-16 , forms a part of Policy Number GIC 01839 71 84 90C
issued to TERRANCE R WRAY Date of endorsement 03-31-16
In consideration of RETURN premium of \$722.00 it is understood and agreed that this
policy is DECREASED by \$68,400 and the following items are hereby changed as indicated.
Thereby making the total amount of this policy \$179,600 , divided as follows:

CLASS OF PERSONAL PROPERTY LIMIT OF LIABILITY

1. B. JEWELRY - SCHEDULED COVERAGE \$179,600

EXCEPT AS SPECIFICALLY MODIFIED IN THIS ENDORSEMENT, ALL PROVISIONS OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED ALSO APPLY TO THIS ENDORSEMENT

SEE ATTACHED VPP-S FOR CHANGES TO THE SCHEDULED ITEMS.

Steven Alan Bennett, Secretary

Alan W. Krapf, President



9800 Fredericksburg Road • San Antonio, Texas 78288

LAST PAGE 4
GIC 01839 71 84 90C**VALUABLE PERSONAL PROPERTY**
A Personal Articles Floater**SCHEDULE**
TO: 02-16-17

ITEM NUMBER		DESCRIPTION	LIMIT OF LIABILITY
SCHEDULED JEWELRY			
001	DELETE	GOLD ROLAX YATCH MASTER 2, 45 KARATS, VS, G-H COLO R	\$95,000
002	CHANGE	768 GRAMS, 10K GOLD, CUBAN LINK, 62 KARAT, ROUND DIAMOND	\$61,000
003	CHANGE	BRACELET, 42 KARAT, 14K ROSE GOLD, PRINCESS CUT ROUND, SI-2, H COLOR	\$35,000
004	CHANGE	BRACELET, 60 KARATS, GOLD, ROUND DIAMOND, SI-2, G-H COLOR	\$60,200
005	CHANGE	RING. 7 KARAT, PRINCESS ROUND DIAMONDS, SI, H COLOR R	\$16,000
006	CHANGE	RING. 11 KARAT, ROUND CUT DIAMONDS, SI, H COLOR	\$7,400

EXHIBIT C

AGENCY NAME		Pickerington Police Department				
CALL NUMBER		160000012043				
ADMINISTRATIVE	TOD	<input type="checkbox"/> INCIDENT <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT				
	TOA	<input type="checkbox"/> INCIDENT <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT				
	TOC	<input type="checkbox"/> INCIDENT <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT				
OHIO UNIFORM INCIDENT REPORT						
REPORT DATE/TIME		INCIDENT OCCURRED FROM				
MONTH	DAY	YEAR	MONTH	DAY	YEAR	TIME
06	05	2016	06	05	2016	0616

INCIDENT NUMBER	C-16-1059
CLEARANCES	
<input type="checkbox"/> DEATH OF OFFENDER	G <input type="checkbox"/> ARREST - JUVENILE
<input type="checkbox"/> PROSECUTION DECLINED	H <input type="checkbox"/> WARRANT ISSUED
<input type="checkbox"/> EXTRADITION DENIED	I <input checked="" type="checkbox"/> INVEST. PENDING
<input type="checkbox"/> VICTIM REPUSED TO COOP	J <input type="checkbox"/> CLOSED
<input type="checkbox"/> JUVENILE IN CUSTODY	K <input type="checkbox"/> UNFOUNDED
<input type="checkbox"/> ARREST - ADULT	L <input type="checkbox"/> UNKNOWN

CLEARANCE DATE	6/05/2016	CLEARED BY:	413
INCIDENT OCCURRED TO		TIME	
MONTH	DAY	YEAR	
06	05	2016	0616

HATE/BIAS	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXPLAIN:	No Bias/Not Applicable
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OFFENSE	OFFENSE CODE	TYPE OF CRIMINAL ACTIVITY
1. Theft - without consent	2913.02A1	C F6
2.		1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
3.		1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
4.		1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
5.		1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>

LOCATION OF OFFENSE(S) (ENTER UP TO TWO FOR EACH CRIME)	SURVEY TYPE	
1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	23A <input type="checkbox"/> POCKET PICKING 23B <input type="checkbox"/> PURSE SNATCHING 23C <input type="checkbox"/> SHOPLIFTING 23D <input type="checkbox"/> THEFT FROM BUILDING 23E <input type="checkbox"/> THEFT FROM COIN-OP MACH. 23F <input checked="" type="checkbox"/> THEFT FROM MOTOR VEH. 23G <input type="checkbox"/> MOTOR VEH. PARTS/ACCES. 24A <input type="checkbox"/> THEFT OF MOTOR VEHICLE 23H <input type="checkbox"/> OTHER	
RESIDENTIAL STRUCTURE 01 SINGLE FAMILY HOME 02 MULTIPLE DWELLING 03 RESIDENTIAL FACILITY 04 OTHER RESIDENTIAL 05 GARAGE / SHED	RETAIL 12 JAIL/PRISON 13 PARKING GARAGE 14 OTHER PUBLIC ACCESS BUILDING	40 OTHER RETAIL STORE 41 FACTORY/MILL/PLANT 42 OTHER BUILDING
PUBLIC ACCESS BLDGS. 06 TRANSIT FACILITY 07 GOVERNMENT OFFICE 08 SCHOOL 09 COLLEGE 10 CHURCH 11 HOSPITAL	COMMERCIAL LOCATIONS 15 AUTO SHOP 16 FINANCIAL INSTITUTION 17 BARBER / BEAUTY SHOP 18 HOTEL/MOTEL 19 DRY CLEANER/LAUNDRY 20 PROFESSIONAL OFFICE 21 DOCTOR'S OFFICE 22 OTHER BUSINESS OFFICE 23 AMUSEMENT CENTER 24 RENTAL STORAGE FACILITY 25 OTHER COMMERCIAL SERVICE LOC.	OUTSIDE 25 GAS STATION 26 BAR 27 BUY / SELL / TRADE SHOW 28 RESTAURANT 29 GAS STATION 30 AUTO SALES LOT 31 JEWELRY STORE 32 CLOTHING STORE 33 DRUGSTORE 34 LIQUOR STORE 35 SHOPPING MALL 36 SPORTING GOODS 37 GROCERY / SUPERMARKET 38 VARIETY / CONVENIENCE 39 DEPARTMENT STORE
		43 YARD 44 CONSTRUCTION SITE 45 LAKE/WATERWAY 46 FIELD/WOODS 47 STREET 48 PARKING LOT 49 PARK/PLAYGROUND 50 CEMETERY 51 PUBLIC TRANSIT VEHICLE 52 OTHER OUTSIDE LOCATION 77 OTHER

SUSPECTED OR USED	A <input type="checkbox"/> ALCOHOL B <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIP N <input checked="" type="checkbox"/> NOT APPLICABLE					
METHOD OF ENTRY: MOTOR VEHICLE/STREET	METHOD OF ENTRY: BURGLARY / B&E					
1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE	01 <input type="checkbox"/> MOTOR RUNNING / KEYS IN CAR 02 <input checked="" type="checkbox"/> UNLOCKED 03 <input type="checkbox"/> DUPLICATE KEY USED 04 <input type="checkbox"/> WINDOW BROKEN 05 <input type="checkbox"/> TOWED	06 <input type="checkbox"/> NOT WIRE 07 <input type="checkbox"/> SLIM JIM / COAT HANGER 08 <input type="checkbox"/> TUMBLERS REMOVED 09 <input type="checkbox"/> COLUMN PEELLED 10 <input type="checkbox"/> IGNITION PEELLED	ENTRY 1 <input type="checkbox"/> BASEMENT 2 <input type="checkbox"/> 1ST FLOOR 3 <input type="checkbox"/> 2ND FLOOR 4 <input type="checkbox"/> OTHER	EXIT 1 <input type="checkbox"/> DOOR 2 <input type="checkbox"/> WINDOW 3 <input type="checkbox"/> GARAGE 4 <input type="checkbox"/> SKYLIGHT 5 <input type="checkbox"/> OTHER	ENTRY 1 <input type="checkbox"/> FRONT 2 <input type="checkbox"/> SIDE 3 <input type="checkbox"/> REAR 4 <input type="checkbox"/> ROOF 5 <input type="checkbox"/> OTHER	EXIT 1 <input type="checkbox"/> FRONT 2 <input type="checkbox"/> SIDE 3 <input type="checkbox"/> REAR 4 <input type="checkbox"/> ROOF 5 <input type="checkbox"/> OTHER

METHODS OF OPERATION	
----------------------	--

NO. TOTAL VICTIMS	NAME (Last, First, Middle)	PHONE
001 006	Wray, Terrance Ronnell	(614) 404-4959
ADDRESS (Street, Apt., City, State, Zip)		PHONE
327 Pagoda Court Pickerington, OH 43147		

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	
--	--

AGE/DOB	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES
34 12/30/1981	M	W	5'6"	602	BLK	BRO

RESIDENT	NON RESIDENT	MILITARY	OTHER
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STATUS	TOURIST	STUDENT	UNKNOWN
--------	---------	---------	---------

SOCIETY	PUBLIC	PRIVATE	OTHER
---------	--------	---------	-------

UNKNOWN			
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VICTIM: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SOURCE OF INFORMATION / LINE OF DUTY <input type="checkbox"/> RELIGIOUS ORGANIZATION	
---	--

IF INJURED, DESCRIBE INJURIES	
-------------------------------	--

INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
---	--

AGGRAST/HOMICIDE CIRCUM	
-------------------------	--

VICTIM LINKED TO OFFENDER NOTE	
--------------------------------	--

DATE	
------	--

REPORTING OFFICER	
-------------------	--

Fries, Nathan	
---------------	--

APPROVING OFFICER	
-------------------	--

Haroon, Ibrahim	
-----------------	--

FOLLOW-UP? If yes, follow-up assignment:	
--	--

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
--	--

ADDITIONAL <input type="checkbox"/> VICTIM / WITNESS <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENT SUPPLEMENTS <input checked="" type="checkbox"/> SUSPECT / ARREST <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER	
---	--

FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS <input type="checkbox"/> SPECIAL COPIES <input type="checkbox"/> INVESTIGATION	
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EXHIBIT D

C-16-1059

INCIDENT REPORT - PART 2

INCIDENT REPORT - PART 2								INCIDENT NUMBER C-16-1059			
INCIDENT LOCATION 147 LONGLEAF ST PICKERINGTON, OH 43147								REPORT DATE / TIME 6/05/2016 0616			
NO. NAME (Last, First, Middle) 001 Strahler, Keith M				AGE/D.O.B. 37 Y	2/26/1979	SSN [REDACTED]					
ADDRESS (Street, Apt, City, State, Zip) 147 Longleaf St. Pickerington OH 43147						PHONE (614) 506-5591					
EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip) Ferguson Water Works 3845 Groveport RD Columbus, OH 43207						PHONE (614) 497-2323					
STATEMENT OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPE <input type="checkbox"/> OTHER											
CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT VEH <input checked="" type="checkbox"/> VICTIM'S VEH <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED								VALUE \$100			
NO. 1		DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC GIV1306	US OH	LY 9/21/2018	LT PC	VIN/ CAN 2G1FL1EP4E9801355				
VYR 2014		VMA CAM	VST	VCO	TOP BOTTOM	RED BLK	VEHICLE LOCKED	<input type="checkbox"/> Y KEYS IN VEHICLE	<input type="checkbox"/> Y HOLD VEHICLE	<input type="checkbox"/> Y RELEASE N CONTENT	
VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO.	1	VEHICLE TOWED?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	TOWED BY	OWNERSHIP	<input type="checkbox"/> TAG RECEIPT	<input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> TITLE OTHER	
STOLEN MOTOR VEHICLE ONLY		NO. STOLEN	AREA STOLEN: <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS	RURAL	ADDITIONAL DESCRIPTION Wray		VERIFIED BY:				
AUTO INSURER NAME (Company) ADDRESS (Street, City, State, Zip)								PHONE			
MOTOR VEHICLE RECOVERY ONLY		NO. RECOVERED	<input type="checkbox"/> Y <input type="checkbox"/> N		STOLEN IN YOUR JURISDICTION WHERE RECOVERED? 0						
TYPE PROPERTY LOSS / ETC.		(Enter codes below)		1 NONE	2 COUNTERFEITED / FORGED	3 DESTROYED / DAMAGED / VANDALIZED	4 BURNED	5 STOLEN / ETC.	6 RECOVERED	7 UNKNOWN	
LOSS CODE: E		QUANTITY 1	DESCRIPTION Fingerprint		MODEL			PROP CODE: 10	TOTAL VALUE \$8,942.00		
		VEN NO.	MAKE / BRAND Fingerprint		MODEL			DATE RECOVERED			
		SERIAL NUMBER	NCIC NUMBER		OTHER NUMBER						
LOSS CODE: 5		QUANTITY 1	DESCRIPTION Amplifier (Wray)		MODEL			PROP CODE: 19	VALUE \$100.00		
		VEN NO.	MAKE / BRAND		MODEL			DATE RECOVERED			
		SERIAL NUMBER	NCIC NUMBER		OTHER NUMBER						
LOSS CODE: 5		QUANTITY 1	DESCRIPTION Suitcase with various clothes (Wray)		MODEL			PROP CODE: 11	VALUE \$100.00		
		VEN NO.	MAKE / BRAND		MODEL			DATE RECOVERED			
		SERIAL NUMBER	NCIC NUMBER		OTHER NUMBER						
LOSS CODE: 5		QUANTITY 1	DESCRIPTION Laptop (Wray)		MODEL			PROP CODE: 17	VALUE \$100.00		
		VEN NO.	MAKE / BRAND Macintosh (Apple)		MODEL			DATE RECOVERED			
		SERIAL NUMBER	NCIC NUMBER		OTHER NUMBER						
PROPERTY CODES:		VALUABLES		CONSUMABLE ITEMS		ANIMALS		STRUCTURES			
EXCHANGE MEDIUMS		08 Jewelry / Precious Metals 09 Art Objects, Antiques 10 Other Valuables		16 Gambling Equipment 17 Computer Hardware / Soft. 18 Office Equipment 19 Stereo / TV Equip.		20 Recordings Audio / Vid. 21 Sports Equipment 22 Photographic Equip.		23 Other Equipment 24 Heavy Construction / Industrial 25 Building Supplies - Const. 26 Tools 27 Vehicle Parts / Access.		28 School Supplies 29 Other Equipment 30 Alcohol 31 Drugs / Narcotics 32 Consumable Goods	
01 Money		11 Clothing Furs		20 Recordings Audio / Vid.		33 Livestock		34 Household Pets		35 Automobiles 36 Bicycles 37 Buses	
02 Credit / Debit Card		12 Purses / Handbags / Wallets		21 Sports Equipment		35 Trucks		36 Other Motor Veh.		37 Other Dwellings	
03 Negotiable Instruments		13 Other Personal Effects		22 Photographic Equip.		38 Animals		39 Other Motor Veh.		40 Commercial / Bus.	
04 Other Exchange Mediums		14 Household Items		23 Farm Equipment		41 Trailers		42 Recreational Veh.		43 Other Vehicles	
05 Non-Negotiable Instruments		15 Equipment		24 Heavy Construction / Industrial		43 Other Motor Veh.		44 Firearms		45 Other Weapons	
06 Personal Papers		16 Drug / Narcotic Equip.		25 Building Supplies - Const.		45 Aircraft		46 Single Occupancy			
07 Other Documents				26 Tools		47 Other Dwellings					
				27 Vehicle Parts / Access.		48 Indoor / Outd.					
						49 Indoor / Outd.					
						50 Public / Comm.					
						51 Storage					
						52 Other Structure					
						53 Merchandise					
						54 Other Property					
						55 Pending Inventory					
6/5/2016											
Multiple thefts from vehicles in the Fox Glen housing development.											
Narrative											

SUSPECT / ARRESTEE SUPPLEMENT

		INCIDENT NO. C-16-1059				
		INCIDENT DATE / TIME 6/05/2016 0616				
VICTIM Wray, Terrance Ronnell		OFFENSE Theft - without consent				
NO. 1		<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT / ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER				
NAME (Last, First, Middle) Unknown,		SSN				
ALIAS		GANG AFFILIATION				
ADDRESS (Street, Apt., City, State, Zip)		PHONE				
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE				
NAME / DESCRIPTIVE PLACE OF BIRTH		DLR / STATE 510	OCCUPATION / SCHOOL BRO			
AGE / D.O.B.		510	HAIR EYES U			
MARTIAL STATUS N		SCARS, MARKS, TATTOOS				
ADDITIONAL DESCRIPTIVES						
SUSPECTED OF USING: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		POTENTIAL INJURIES				
RESIDENT STATUS 01 <input type="checkbox"/> RESIDENT 02 <input type="checkbox"/> TOURIST 03 <input type="checkbox"/> MILITARY 04 <input type="checkbox"/> STUDENT 05 <input type="checkbox"/> OTHER		ARRESTEE ARMED WITH 1. 99 2. 3 3. 1				
SUSPECT USED 1. 99 2. 3 3. 1		ARRESTEE ARMED WITH 1. 99 2. 3 3. 1 13B <input type="checkbox"/> OTHER FULLY AUTOMATIC FIREARM 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM 16A <input type="checkbox"/> SEMI-AUTOMATIC SPORTING RIFLE 16B <input type="checkbox"/> SEMI-AUTOMATIC ASSAULT FIREARM 16C <input type="checkbox"/> MACHINE PISTOL 18 <input type="checkbox"/> SEMIAUTOMATIC FIREARM 17 <input type="checkbox"/> SIMULATED FIREARM 18 <input type="checkbox"/> BB / PELLET GUN 20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT 30 <input type="checkbox"/> BLUNT OBJECT 35 <input type="checkbox"/> MOTOR VEHICLE 40 <input type="checkbox"/> PERSONAL WEAPON				
ADDRESS (Street, Apt., City, State, Zip)		PHONE				
NAME 1. 1. 2. 2.		1. 2.				
ARREST / OFFENSE DESCRIPTION		ARREST / OFFENSE CODE	DEGREE			
1. 2. 3. 4. 5.		1. 2. 3. 4. 5.	1. 2. 3. 4. 5.			
ARREST DATE		TIME	ARREST LOCATION (Street, Apt., City, State, Zip)			
ARREST TRANSACTION NUMBER		WARRANT NUMBER	ARREST DISPOSITION			
MIRANDA WITNESSED BY:		BAIL				
FINGERPRINTED <input type="checkbox"/> Y <input type="checkbox"/> N		FINGERPRINT CARD NO.	PHOTOS TAKEN <input type="checkbox"/> Y <input type="checkbox"/> N	NO. TAKEN	PHOTO ID NO.	FBI / BCI #
MULTIPLE ARREST INDICATOR <input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARREST INDICATOR		ARREST TYPE <input type="checkbox"/> MIA <input type="checkbox"/> FUGITIVE <input type="checkbox"/> COMPLAINT	PROGRESS <input type="checkbox"/> IN PROGRESS <input type="checkbox"/> SUSPENDED <input type="checkbox"/> EXPIRED	WARRANT <input type="checkbox"/> NO WARRANT <input type="checkbox"/> ARREST WARRANT <input type="checkbox"/> SEARCH WARRANT	JUVENILE <input type="checkbox"/> JUVENILE <input type="checkbox"/> ADULT	CUSTODY <input type="checkbox"/> CUSTODY <input type="checkbox"/> ORDER OF PROTECTION <input type="checkbox"/> OTHER
JUV. PARENT / GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N		DATE / TIME NOTIFIED	NOTIFIED BY	DISPOSITION <input type="checkbox"/> HANDED WITHIN DEPT <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES	RELATIONSHIP	PHONE
PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)				RELATIONSHIP	PHONE	
PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)				RELATIONSHIP	PHONE	
PREVIOUS RUN / MISS <input type="checkbox"/> Y <input type="checkbox"/> N		DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC #	DATE / TIME ENTERED	
LAST SEEN WEARING						
REPORTING OFFICER / ARRESTING OFFICER Fries, Nathan				BADGE NO. 413	DATE 6/05/2016	
APPROVING OFFICER Haroon, Ibrahim				BADGE NO. 406	DATE 6/14/2016	
COURT				COURT DATE		

VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER
C-16-1059INCIDENT DATE / TIME
6/05/2016 0616

VICTIM			OFFENSE					
Wray, Terrance Ronnell			Theft - without consent					
NO.	TOTAL	NAME (Last, First, Middle)						
2	6	Miller, Chanara L						
ADDRESS (Street, Apt., City, State, Zip) 327 Pagoda Court Pickerington, OH 43147						PHONE		(614) 452-0459
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)						PHONE		
VICTIM	AGE / DOB	SEX F	FACE W	HGT 5' 2"	WT 137	HAIR	EYES	BRO BRO
	34 YRS 5/03/1982	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input checked="" type="checkbox"/> RESIDENT 1 <input type="checkbox"/> TOURIST 2 <input type="checkbox"/> STUDENT 3 <input type="checkbox"/> SOCIETY / PUBLIC 4 <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN		
OCCUPATION	SSN							
VICTIM								
INJURED?								
AGG. ASLT / HOMICIDE CIRC.	VICTIM / OFFENDER RELATIONSHIP: Stranger			VICTIM LINKED TO OFFENDER NO(S)			VICTIM LINKED TO OFFENSE NO(S)	
My signature verifies that the information on this report is accurate and true.								
NO.	TOTAL	NAME (Last, First, Middle)						
3	6	FORTNEY, JOHN						
ADDRESS (Street, Apt., City, State, Zip) 161 LONGLEAF ST PICKERINGTON, OH 43147 7940						PHONE		(614) 570-7131
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip) Ohio Senate 1 Capital SQR Columbus, OH 43147						PHONE		
VICTIM	AGE / DOB	SEX M	FACE W	HGT 6' 1"	WT 200	HAIR	EYES	BRO GRN
	46 YRS 5/04/1969	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input checked="" type="checkbox"/> RESIDENT 1 <input type="checkbox"/> TOURIST 2 <input type="checkbox"/> STUDENT 3 <input type="checkbox"/> SOCIETY / PUBLIC 4 <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN		
OCCUPATION	SSN							
VICTIM								
INJURED?								
AGG. ASLT / HOMICIDE CIRC.	VICTIM / OFFENDER RELATIONSHIP: Stranger			VICTIM LINKED TO OFFENDER NO(S)			VICTIM LINKED TO OFFENSE NO(S)	
My signature verifies that the information on this report is accurate and true.								
NO.	NAME (Last, First, Middle)			AGE / D.O.B.	SSN			
					PHONE			
ADDRESS (Street, Apt., City, State, Zip)						PHONE		
EMPLOYER NAME AND (Street, City, State, Zip)						PHONE		
ADDRESS								
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N			TYPE	<input type="checkbox"/> WRITTEN	<input type="checkbox"/> ORAL	<input type="checkbox"/> TAPED	<input type="checkbox"/> OTHER	SSN
WITNESSES	NO. NAME (Last, First, Middle)			AGE / D.O.B.	SSN			
					PHONE			
ADDRESS (Street, Apt., City, State, Zip)						PHONE		
EMPLOYER NAME AND (Street, City, State, Zip)						PHONE		
ADDRESS								
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N			TYPE	<input type="checkbox"/> WRITTEN	<input type="checkbox"/> ORAL	<input type="checkbox"/> TAPED	<input type="checkbox"/> OTHER	SSN
WITNESSES	NO. NAME (Last, First, Middle)			AGE / D.O.B.	SSN			
					PHONE			
ADDRESS (Street, Apt., City, State, Zip)						PHONE		
EMPLOYER NAME AND (Street, City, State, Zip)						PHONE		
ADDRESS								
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N			TYPE	<input type="checkbox"/> WRITTEN	<input type="checkbox"/> ORAL	<input type="checkbox"/> TAPED	<input type="checkbox"/> OTHER	SSN
WITNESSES	NO. NAME (Last, First, Middle)			AGE / D.O.B.	SSN			
					PHONE			
ADDRESS (Street, Apt., City, State, Zip)						PHONE		
EMPLOYER NAME AND (Street, City, State, Zip)						PHONE		
ADDRESS								
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N			TYPE	<input type="checkbox"/> WRITTEN	<input type="checkbox"/> ORAL	<input type="checkbox"/> TAPED	<input type="checkbox"/> OTHER	BADGE NO.
REPORTING OFFICER	Fries, Nathan							413
APPROVING OFFICER	Haroon, Ibrahim							406
								DATE
								6/05/2016
								DATE
								6/14/2016

		INCIDENT NUMBER C-16-1059	
		INCIDENT DATE/TIME 6/05/2016 0616	
VICTIM / WITNESS SUPPLEMENT			
VICTIM Wray, Terrance Ronnell		OFFENSE Theft - without consent	
NO.	TOTAL 6	NAME (Last, First, Middle) MANALAC, ALICIA	
ADDRESS (Street, Apt., City, State, Zip) 309 LINDEN CIR PICKERINGTON, OH 43147 7942		PHONE (740) 407-0260	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip) UNKNOWN		PHONE	
AGE / DOB	SEX F	RACE W	HGT 5' 9"
135 YRS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WTG 130
OCCUPATION Unknown	SSN [REDACTED]	RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> STUDENT 4 <input type="checkbox"/> SOCIETY / PUBLIC 5 <input type="checkbox"/> UNKNOWN 6 <input type="checkbox"/> OTHER	
VICTIM TYPE	I <input checked="" type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT	POLICE OFFICER (IN THE LINE OF DUTY) R <input type="checkbox"/> RELIGIOUS ORGANIZATION U <input type="checkbox"/> UNKNOWN
VICTIM INJURED?	VICT / OFF RELATIONSHIP: Stranger		VICTIM LINKED TO OFFENDER NO(S)
AGG. ASLT / HOMICIDE CIRC.			VICTIM LINKED TO OFFENSE NO(S)
My signature verifies that the information on this report is accurate and true.			
NO.	TOTAL 6	NAME (Last, First, Middle) Strahler, Keith M	
ADDRESS (Street, Apt., City, State, Zip) 147 Longleaf St Pickerington, OH 43147		PHONE (614) 506-5591	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip) Ferguson Water Works 3845 Groveport RD Columbus, OH 43207		PHONE (614) 497-2323	
AGE / DOB	SEX M	RACE W	HGT 6' 2"
37 YRS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WTG 295
OCCUPATION Sales Person	SSN [REDACTED]	RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> STUDENT 4 <input type="checkbox"/> SOCIETY / PUBLIC 5 <input type="checkbox"/> UNKNOWN 6 <input type="checkbox"/> OTHER	
VICTIM TYPE	I <input checked="" type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT	POLICE OFFICER (IN THE LINE OF DUTY) R <input type="checkbox"/> RELIGIOUS ORGANIZATION U <input type="checkbox"/> UNKNOWN
VICTIM INJURED?	VICT / OFF RELATIONSHIP: Stranger		VICTIM LINKED TO OFFENDER NO(S)
AGG. ASLT / HOMICIDE CIRC.			VICTIM LINKED TO OFFENSE NO(S)
My signature verifies that the information on this report is accurate and true.			
WITNESSES	NO. NAME (Last, First, Middle)		AGE / D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPE <input type="checkbox"/> OTHER		SSN	
WITNESSES	NO. NAME (Last, First, Middle)		AGE / D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPE <input type="checkbox"/> OTHER		SSN	
WITNESSES	NO. NAME (Last, First, Middle)		AGE / D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPE <input type="checkbox"/> OTHER		SSN	
WITNESSES	NO. NAME (Last, First, Middle)		AGE / D.O.B.
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPE <input type="checkbox"/> OTHER		BADGE NO. 413 DATE 6/05/2016	
REPORTING OFFICER Fries, Nathan		BADGE NO. 406 DATE 6/14/2016	
APPROVING OFFICER Haroon, Ibrahim			

INCIDENT NUMBER

C-16-1059

INCIDENT DATE / TIME

6/05/2016

0616

VICTIM / WITNESS SUPPLEMENT

VICTIM	Wray, Terrance Ronnell		OFFENSE		Theft - without consent		INCIDENT DATE / TIME	6/05/2016	0616	
NO.	TOTAL 6	NAME (Last, First, Middle) Strahler, Cynthia D				PHONE	(614) 506-5591			
ADDRESS (Street, Apt., City, State, Zip) 147 Longleaf St Pickerington, OH 43147							PHONE			
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip) Unknown										
VICTIM	AGE / DOB	SEX F	RACE W	HGT 5' 7"	WGT 132	HAIR BLN	EYES BLU			
	OCCUPATION Other	SSN		RESIDENT 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> STUDENT 4 <input type="checkbox"/> SOCIETY / PUBLIC 5 <input type="checkbox"/> UNKNOWN		MILITARY 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> UNKNOWN				
VICTIM	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FINANCIAL INSTITUTION	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)	<input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> SOCIETY / PUBLIC	<input type="checkbox"/> O	<input type="checkbox"/> OTHER		
VICTIM	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> GOVERNMENT								
VICTIM	INJURED?	VICTIM / OFFENDER RELATIONSHIP		VICTIM LINKED TO OFFENDER NO(S)		VICTIM LINKED TO OFFENSE NO(S)				
AGG. ASLT / HOMICIDE CIRC.		Stranger								
My signature verifies that the information on this report is accurate and true.										
WITNESSES	NO.	TOTAL	NAME (Last, First, Middle)		PHONE					
WITNESSES	ADDRESS (Street, Apt., City, State, Zip)					PHONE				
WITNESSES	EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)					PHONE				
WITNESSES	AGE / DOB	SEX W	RACE W	HGT	WGT	HAIR	EYES			
WITNESSES	OCCUPATION	SSN		RESIDENT 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> STUDENT 4 <input type="checkbox"/> SOCIETY / PUBLIC 5 <input type="checkbox"/> UNKNOWN		MILITARY 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> UNKNOWN				
WITNESSES	VICTIM	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FINANCIAL INSTITUTION	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)	<input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> SOCIETY / PUBLIC	<input type="checkbox"/> O	<input type="checkbox"/> OTHER	
WITNESSES	VICTIM	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> GOVERNMENT							
WITNESSES	VICTIM	INJURED?	VICTIM / OFFENDER RELATIONSHIP		VICTIM LINKED TO OFFENDER NO(S)		VICTIM LINKED TO OFFENSE NO(S)			
WITNESSES	AGG. ASLT / HOMICIDE CIRC.		Stranger							
My signature verifies that the information on this report is accurate and true.										
WITNESSES	NO.	NAME (Last, First, Middle)		AGE / D.O.B.	SSN					
WITNESSES	ADDRESS (Street, Apt., City, State, Zip)					PHONE				
WITNESSES	EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)					PHONE				
WITNESSES	STATEMENT OBTAINED	<input type="checkbox"/> Y <input type="checkbox"/> N	TYPE	<input type="checkbox"/> WRITTEN	<input type="checkbox"/> ORAL	<input type="checkbox"/> TAPE	<input type="checkbox"/> OTHER			
WITNESSES	NO.	NAME (Last, First, Middle)		AGE / D.O.B.	SSN					
WITNESSES	ADDRESS (Street, Apt., City, State, Zip)					PHONE				
WITNESSES	EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)					PHONE				
WITNESSES	STATEMENT OBTAINED	<input type="checkbox"/> Y <input type="checkbox"/> N	TYPE	<input type="checkbox"/> WRITTEN	<input type="checkbox"/> ORAL	<input type="checkbox"/> TAPE	<input type="checkbox"/> OTHER			
WITNESSES	NO.	NAME (Last, First, Middle)		AGE / D.O.B.	SSN					
WITNESSES	ADDRESS (Street, Apt., City, State, Zip)					PHONE				
WITNESSES	EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)					PHONE				
WITNESSES	STATEMENT OBTAINED	<input type="checkbox"/> Y <input type="checkbox"/> N	TYPE	<input type="checkbox"/> WRITTEN	<input type="checkbox"/> ORAL	<input type="checkbox"/> TAPE	<input type="checkbox"/> OTHER			
REPORTING OFFICER	Fries, Nathan							BADGE NO.	413	
APPROVING OFFICER	Haroon, Ibrahim							BADGE NO.	406	
								DATE	6/05/2016	
								DATE	6/14/2016	

PROPERTY SUPPLEMENT

VICTIM		Wray, Terrance Ronnell		OFFENSE	Theft - without consent		INCIDENT NO.	C-16-1059		
TYPE PROPERTY		(Enter codes below)		1: NONE	2: COUNTERFEITED / FORGED	3: STOLEN / ETC	4: RECOVERED	INCIDENT DATE / TIME		
LOSS / ETC				5: BURNED	6: DESTROYED / DAMAGED / VANDALIZED	7: SEIZED	8: UNKNOWN	6/05/2016 0616		
LOSS CODE	5	QUANTITY	1	DESCRIPTION (Wray)			PROP. CODE	17	P/PHOTO E EVIDENCE VALUE	
		VEH	MAKE / BRAND	Apple		MODEL			\$1.00	
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	DATE RECOVERED			
LOSS CODE	5	QUANTITY	1	DESCRIPTION Necklass, Bracelet, Diamond Ring (Wray)			PROP. CODE	8	VALUE	\$1.00
		VEH	MAKE / BRAND			MODEL	DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
LOSS CODE	5	QUANTITY	1	DESCRIPTION Currency (Miller)			PROP. CODE	1	VALUE	\$1,700.00
		VEH	MAKE / BRAND			MODEL	DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
LOSS CODE	5	QUANTITY	1	DESCRIPTION Debit Card (Miller)			PROP. CODE	2	VALUE	\$1.00
		VEH	MAKE / BRAND			MODEL	DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
LOSS CODE	5	QUANTITY	1	DESCRIPTION Purse (Miller)			PROP. CODE	12	VALUE	\$1.00
		VEH	MAKE / BRAND			MODEL	DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
LOSS CODE	5	QUANTITY	1	DESCRIPTION Phone (Miller)			PROP. CODE	54	VALUE	\$1.00
		VEH	MAKE / BRAND			MODEL	DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
LOSS CODE	5	QUANTITY	1	DESCRIPTION Silver 2004 Toyota RAV4, VIN JTEGD20V840021545			PROP. CODE	10	VALUE	\$4,500.00
		VEH	MAKE / BRAND			MODEL	DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
LOSS CODE	5	QUANTITY	1	DESCRIPTION Old pocket watch \$50, Gold Bulova watch \$100, Brown Jack Victor Sult \$700, Brown Penny Loafers \$75			PROP. CODE	10	VALUE	\$925.00
		VEH	MAKE / BRAND			MODEL	DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
LOSS CODE	5	QUANTITY	1	DESCRIPTION (1) Evenflo Booster Seat black w/ blue trim			PROP. CODE	10	VALUE	\$37.00
		VEH	MAKE / BRAND			MODEL	DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
LOSS CODE	5	QUANTITY	1	DESCRIPTION STRAHLER			PROP. CODE	17	VALUE	\$1,000.00
		VEH	MAKE / BRAND			MODEL	DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				

PROPERTY CODES:**EXCHANGE MEDIUMS**

- 01 Money
 - 02 Credit / Debit Card
 - 03 Negotiable Instruments
 - 04 Other Exchange Medium
- DOCUMENTS**
- 05 Non-Negotiable Instruments
 - 06 Personal Papers
 - 07 Other Documents
- VALUABLES**
- 08 Jewelry / Precious Metals
 - 09 Art Object / Antiques
 - 10 Other Valuables

PERSONAL EFFECTS

- 11 Clothing / Furs
 - 12 Purse / Handbags / Wallets
 - 13 Other Personal Effects
- HOUSEHOLD ITEMS**
- 14 Household Items
- EQUIPMENT**
- 15 Drug / Narcotic Equip.
 - 16 Gambling Equip.
 - 17 Comp. Hardware / Soft.
 - 18 Office Equip.
 - 19 Stereo / T.V. Equip.
 - 20 Recordings / Audio Vis.
 - 21 Sports Equipment.

- CONSUMABLE ITEMS**
- 22 Photographic Equip.
 - 23 Farm Equipment
 - 24 Heavy Construction / Industrial
 - 25 Building Supplies
 - 26 Tools
 - 27 Vehicle Parts / Access.
 - 28 School Supplies
 - 29 Other Equipment
- ANIMALS**
- 30 Alcohol
 - 31 Drugs / Narcotics
 - 32 Consumable Goods
 - 33 Livestock
 - 34 Household Pets

VEHICLES

- 35 Aircraft
 - 36 Automobiles
 - 37 Bicycles
 - 38 Buses
 - 39 Trucks
 - 40 Trailers
 - 41 Watercraft
 - 42 Recreational Veh.
 - 43 Other Motor Veh.
- WEAPONS**
- 44 Firearms
 - 45 Other Weapons

STRUCTURES

- 46 Single Occupancy
 - 47 Other Dwellings
 - 48 Commercial / Bus.
 - 49 Indus. / Mfg.
 - 50 Public / Comm.
 - 51 Storage
 - 52 Other Structures
- OTHER**
- 53 Merchandise
 - 54 Other Property
 - 55 Pending Inventory

PROPERTY SUPPLEMENT

VICTIM		OFFENSE		INCIDENT NO.	
Wray, Terrance Ronnell		Theft - without consent		C-16-1059	
TYPE PROPERTY - (enter codes below)		LOSS / ETC		INCIDENT DATE / TIME	
		1. NONE 2. COUNTERFEITED / FAKED 3. BURNED 4. DESTROYED / DAMAGED / VANDALIZED		6/05/2016 0816	
LOSS CODE		QUANTITY	DESCRIPTION	RECOVERED	P. PHOTO
5		1	STRAHLER	6. STOLEN / ETC 7. RECOVERED 8. SEIZED 9. UNKNOWN	E. EVIDENCE
		VEH	MAKE / BRAND	PROPS CODE	VALUE
		E BAGS		10	\$85.00
		SERIAL NUMBER	NCIC NUMBER	DATE RECOVERED	
LOSS CODE		QUANTITY	DESCRIPTION	PROPS CODE	VALUE
5		1	STRAHLER	6	\$1.00
		VEH	MAKE / BRAND	MODEL	DATE RECOVERED
		2014-2015 TAX RETURNS			
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
LOSS CODE		QUANTITY	DESCRIPTION	PROPS CODE	VALUE
5		1	STRAHLER	10	\$300.00
		VEH	MAKE / BRAND	MODEL	DATE RECOVERED
		GIFT CARD		MISC	
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
LOSS CODE		QUANTITY	DESCRIPTION	PROPS CODE	VALUE
5		1	STRAHLER	10	\$85.00
		VEH	MAKE / BRAND	MODEL	DATE RECOVERED
		COACH		SUNGGLASSES WOMENS	
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
LOSS CODE		QUANTITY	DESCRIPTION	PROPS CODE	VALUE
5		1	STRAHLER	10	\$300.00
		VEH	MAKE / BRAND	MODEL	DATE RECOVERED
		BOSE HEAD PHONES		QUIET COMFORT	
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
LOSS CODE		QUANTITY	DESCRIPTION	PROPS CODE	VALUE
5		1	Strahler	6	\$1.00
		VEH	MAKE / BRAND	MODEL	DATE RECOVERED
		2014-2015 Tax Returns			
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
LOSS CODE		QUANTITY	DESCRIPTION	PROPS CODE	VALUE
		VEH	MAKE / BRAND	MODEL	DATE RECOVERED
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
LOSS CODE		QUANTITY	DESCRIPTION	PROPS CODE	VALUE
		VEH	MAKE / BRAND	MODEL	DATE RECOVERED
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
LOSS CODE		QUANTITY	DESCRIPTION	PROPS CODE	VALUE
		VEH	MAKE / BRAND	MODEL	DATE RECOVERED
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
LOSS CODE		QUANTITY	DESCRIPTION	PROPS CODE	VALUE
		VEH	MAKE / BRAND	MODEL	DATE RECOVERED
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
PROPERTY CODES:					
EXCHANGE MEDIUMS					
01 Money		PERSONAL EFFECTS			
02 Credit / Debit Card		11 Clothing / Puns			
03 Negotiable Instruments		12 Purse / Handbags / Wallets			
04 Other Exchange Medium		13 Other Personal Effects			
DOCUMENTS		HOUSEHOLD ITEMS			
05 Non-Negotiable Instruments		14 Household Items			
06 Personal Papers		EQUIPMENT			
07 Other Documents		15 Drug / Narcotic Equip.			
VALUABLES		16 Gambling Equip.			
08 Jewelry / Precious Metals		17 Comp. Hardware / Soft.			
09 Art Object / Antiques		18 Office Equip.			
10 Other Valuables		19 Stereo / T.V. Equip.			
		20 Recordings / Audio Vis.			
		21 Sports Equipment			
		22 Photographic Equip.			
		23 Farm Equipment			
		24 Heavy Construction / Industrial			
		25 Building Supplies			
		26 Tools			
		27 Vehicle Parts / Acces.			
		28 School Supplies			
		29 Other Equipment			
		CONSUMABLE ITEMS			
		30 Alcohol			
		31 Drugs / Narcotics			
		32 Consumable Goods			
		ANIMALS			
		33 Livestock			
		34 Household Pets			
		VEHICLES			
		35 Aircraft			
		36 Automobiles			
		37 Bicycles			
		38 Buses			
		39 Trucks			
		40 Trailers			
		41 Watercraft			
		42 Recreational Veh.			
		43 Other Motor Veh.			
		WEAPONS			
		44 Firearms			
		45 Other Weapons			
		STRUCTURES			
		46 Single Occupancy			
		47 Other Dwellings			
		48 Commercial / Bus.			
		49 Indust. / Mfg.			
		50 Public / Comm.			
		51 Storage			
		52 Other Structures			
		OTHER			
		53 Merchandise			
		54 Other Property			
		55 Pending Inventory			

VEHICLE SUPPLEMENT

INCIDENT NUMBER
C-16-1059INCIDENT DATE / TIME
6/05/2016 0616

VICTIM Wray, Terrance Ronnell				OFFENSE Theft - without consent							
								<input checked="" type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED			
CHECK CATEGORIES		<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> RECEIVED	<input type="checkbox"/> SUSPECT'S VEHICLE	<input checked="" type="checkbox"/>	VIN / CAN 2B3KA43G66H491248		VALUE \$1.00	
NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC GDH4366	US OH	LY 2/26/2018	LIT PC	VCO BLK	VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> LOCKED	KEYS IN <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE <input type="checkbox"/> Y <input type="checkbox"/> N	
VYR 2006	VMA DODG	VMO CHA	VST				VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> LOCKED	VEHICLE <input type="checkbox"/> N <input type="checkbox"/> N	VEHICLE <input type="checkbox"/> N <input type="checkbox"/> N	CONTENTS <input type="checkbox"/> N <input type="checkbox"/> N	
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> TOWED?	TOWED? <input type="checkbox"/> N <input type="checkbox"/> BY				OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER	<input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		
STOLEN MOTOR NO. VEHICLE ONLY	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	RESID. <input type="checkbox"/> ADDITIONAL DESCRIPTION							PHONE		
AUTO INSURER NAME (Company) AND ADDRESS (Street, City, State, Zip)											
MOTOR VEHICLE RECOVERY ONLY		NO.		DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N		WHERE RECOVERED?			
CHECK CATEGORIES		<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> RECEIVED	<input type="checkbox"/> SUSPECT'S VEHICLE	<input type="checkbox"/> VICTIM'S VEHICLE	<input type="checkbox"/> UNAUTH. USE	<input type="checkbox"/> ABANDONED		
NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC GAB4994	US OH	LY PC	VIN / CAN JTEGD20V840021545					VALUE \$1.00	
VYR 2004	VMA TOYT	VMO RAV	VST				VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> LOCKED	KEYS IN <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	HOLD <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE <input type="checkbox"/> Y <input type="checkbox"/> N	
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> TOWED?	TOWED? <input type="checkbox"/> N <input type="checkbox"/> BY				OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER	<input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		
STOLEN MOTOR NO. VEHICLE ONLY	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	RESID. <input type="checkbox"/> ADDITIONAL DESCRIPTION							PHONE		
AUTO INSURER NAME (Company) AND ADDRESS (Street, City, State, Zip)											
MOTOR VEHICLE RECOVERY ONLY		NO.		DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N		WHERE RECOVERED?		Fox Glen Dr E Pickerington O	
CHECK CATEGORIES		<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> RECEIVED	<input type="checkbox"/> SUSPECT'S VEHICLE	<input type="checkbox"/> VICTIM'S VEHICLE	<input type="checkbox"/> UNAUTH. USE	<input type="checkbox"/> ABANDONED		
NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC GEA9199	US OH	LY PC	VIN / CAN 1GNKRGED7BJ231825					VALUE \$1.00	
VYR 2011	VMA CHEV	VMO TRAV	VST				VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> LOCKED	KEYS IN <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE <input type="checkbox"/> Y <input type="checkbox"/> N	
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> TOWED?	TOWED? <input type="checkbox"/> N <input type="checkbox"/> BY				OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER	<input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		
STOLEN MOTOR NO. VEHICLE ONLY	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	RESID. <input type="checkbox"/> ADDITIONAL DESCRIPTION							PHONE		
AUTO INSURER NAME (Company) AND ADDRESS (Street, City, State, Zip)											
MOTOR VEHICLE RECOVERY ONLY		NO.		DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N		WHERE RECOVERED?			
CHECK CATEGORIES		<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> RECEIVED	<input type="checkbox"/> SUSPECT'S VEHICLE	<input checked="" type="checkbox"/> VICTIM'S VEHICLE	<input type="checkbox"/> UNAUTH. USE	<input type="checkbox"/> ABANDONED		
NO. 2	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC FWK8123	US OH	LY MAR	VIN / CAN 1YVFP80C235M32525					VALUE \$1.00	
VYR 2003	VMA MAZD	VMO 6	VST				VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> LOCKED	KEYS IN <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE <input type="checkbox"/> Y <input type="checkbox"/> N	
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> TOWED?	TOWED? <input type="checkbox"/> N <input type="checkbox"/> BY				OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER	<input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		
STOLEN MOTOR NO. VEHICLE ONLY	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	RESID. <input type="checkbox"/> ADDITIONAL DESCRIPTION							PHONE		
AUTO INSURER NAME (Company) AND ADDRESS (Street, City, State, Zip)											
MOTOR VEHICLE RECOVERY ONLY		NO.		DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N		WHERE RECOVERED?			
CHECK CATEGORIES		<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> RECEIVED	<input type="checkbox"/> SUSPECT'S VEHICLE	<input checked="" type="checkbox"/> VICTIM'S VEHICLE	<input type="checkbox"/> UNAUTH. USE	<input type="checkbox"/> ABANDONED		
NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC 955YGN	US OH	LY F150	VIN / CAN 1FTFW1ET4EFA10150					VALUE \$1.00	
VYR 2014	VMA FORD	VMO	VST				VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> LOCKED	KEYS IN <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE <input type="checkbox"/> Y <input type="checkbox"/> N	
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> TOWED?	TOWED? <input type="checkbox"/> N <input type="checkbox"/> BY				OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER	<input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		
STOLEN MOTOR NO. VEHICLE ONLY	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	RESID. <input type="checkbox"/> ADDITIONAL DESCRIPTION							PHONE		
AUTO INSURER NAME (Company) AND ADDRESS (Street, City, State, Zip)											
MOTOR VEHICLE RECOVERY ONLY		NO.		DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N		WHERE RECOVERED?			
REPORTING OFFICER Fries, Nathan		413								DATE 6/05/2016	
APPROVING OFFICER Haroon, Ibrahim		406								DATE 6/14/2016	

NARRATIVE SUPPLEMENT

INCIDENT NUMBER

C-16-1059

INCIDENT DATE / TIME

6/05/2016 0616

VICTIM
Wray, Terrance Ronnell

OFFENSE

Theft - without consent

Narrative Type: Dispatch Narrative**Topic:** TRANSFERRED FROM CAD**Narrative Reporting Officer:** Dawes-Bailey, Melissa D8

ITEMS TAKEN FROM VEHICLE

WHT FORD F150

NO 64D TO VEHICLE

955YGN // RJ229619

RU732178

C-16-1059

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED	D <input type="checkbox"/> VICTIM REFUSED TO COOP. E <input type="checkbox"/> JUVENILE / NO CUSTODY F <input type="checkbox"/> ARREST - ADULT	G <input type="checkbox"/> ARREST - JUVENILE H <input type="checkbox"/> WARRANT ISSUED I <input checked="" type="checkbox"/> INVEST. PENDING	J <input type="checkbox"/> CLOSED K <input type="checkbox"/> UNPONDED U <input type="checkbox"/> UNKNOWN	DATE CLEARED
REPORTING OFFICER	Fries, Nathan			BADGE NO. 413	DATE 6/05/2016
APPROVING OFFICER	Haroon, Ibrahim			BADGE NO. 406	DATE 6/14/2016

NARRATIVE SUPPLEMENT

INCIDENT NUMBER	C-16-1059
INCIDENT DATE / TIME	6/05/2016 0616

VICTIM Wray, Terrance Ronnell	OFFENSE Theft - without consent			
Narrative Type: Supplement		Topic:		
<p>Narrative Reporting Officer: Silvernail, David 408 On 6/5/16 I responded to 327 Pagoda Court on a vehicle break in.</p> <p>I met with Terrance Wray who stated he had three vehicles gone through in his driveway. The vehicles were left unlocked.</p> <p>He stated he had returned home around 02:15 hrs and the vehicles were fine. He stated his girlfriend Chanara Miller left for work around 10:15 hours and noticed her purse missing from the Dodge. She ended up driving a Chevy Malibu to her work. The Chevy was not present at the time of the report and the information on the vehicle was unavailable and what may have been taken from it was unavailable. He was unable to contact Mrs. Miller due to her phone having been in the purse.</p> <p>The first vehicle was a black Dodge Charge Ohio registration GDH4366, belongs to Mrs. Miller. Upon inspection the glove box and console were open. Mr. Wray stated Chanara's purse was taken from the vehicle. The purse contained \$1700.00 in cash to pay their rent. He stated he was also aware of a US Debit card she owns and the T-Mobile phone (614) 452-0459 were in the purse. He does not know what else the purse contained. Mrs. Miller was unavailable for a statement.</p> <p>The second vehicle was a 2014 Chevy Camaro Ohio registration GIV1306. The vehicle is registered to Keyonna Jordan. Mr. Wray stated an amplifier and suitcase were taken from the trunk. Upon inspection there were loose / bare wires on the left side of the trunk that appeared to have been pulled from an electronic device. Mr. Wray stated the suitcase contained a Macintosh (Apple) Laptop, I-pad, clothing, and a Cuban League necklace, bracelet and diamond ring. The interior of the vehicle looked like it had been gone through.</p> <p>The third vehicle is a gray Chevy Malibu, the vehicle information or what may have been taken from it was unavailable at the time of the call. Mr. Wray stated her would call with the information.</p> <p>Mr. Wray was asked to have Mrs. Miller call to give a statement as to what may have been in her purse. He was also advised to have any credit / debit cards cancelled. Mr. Wray will also be calling with dollar amounts for the items taken.</p> <p>Nothing Further.</p>				
REASON CLEARED A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED	D <input checked="" type="checkbox"/> VICTIM REFUSED TO COOP. E <input type="checkbox"/> JUVENILE / NO CUSTODY F <input type="checkbox"/> ARREST - ADULT	G <input type="checkbox"/> ARREST - JUVENILE H <input type="checkbox"/> WARRANT ISSUED I <input checked="" type="checkbox"/> INVEST. PENDING	J <input type="checkbox"/> CLOSED K <input type="checkbox"/> UNPONDED U <input type="checkbox"/> UNKNOWN	DATE CLEARED 6/05/2016
REPORTING OFFICER Fries, Nathan		BADGE NO. 413	DATE 6/05/2016	
APPROVING OFFICER Haroon, Ibrahim		BADGE NO. 406	DATE 6/14/2016	

PICKERINGTON POLICE DEPARTMENT
1311 Refugee Road, Pickerington, Ohio 43147
614 575-6911

Witness Statement

Date: 6/5/16

Report #: C-16-1059

I, Terrance Wray, volunteer the following information of my own free will, for whatever purpose it may serve. No threats have been made to me, and no pressure of any kind has been used against me to acquire this statement which I make known to the Pickerington Police Department.

Address: 327 Pagoda Ct. Pickerington OH 43147

Last night around 2:15 am I returned home from Buffalo Wild Wings. When I arrived I didn't notice anything out of place. This morning around 10:15 am My Girlfriend noticed her purse was missing on her way to work. I came outside to learn that all 3 of our cars had been unbolted. Her purse was taken which contained rent money, cell phone, bank cards. In my camaro I'm missing a suitcase which contained clothes shoes jewelry. A laptop and Ipad and my amplifier was taken.

1. Carabiner Jewelry Charger

Date: 11:00 a.m., US Bank Card, Phone (614-452-1191) & massive

2. Camaro - App from Trunk, \$1,700, Jewelry, Laptop MACbook, Clothing
SN#68. I Pad, Jewelry (CUBA LEATHER VEST, BREAK, RING)

3. Unknown if anything missing from MaciBU (GAY) Diamond

I have read each page of my statement consisting of 1 page(s). Any corrections I have made have been initiated by me. My signature attests that the facts contained herein are true and correct:

X: Terrance WrayDate: 5/30/16

OLN / State ID #:

DOB: 12/10/81

Home Phone: _____

E-Mail Address: _____

Cellular Phone: 614-555-6095Employer: Sell

Occupation: _____

Work Phone: _____

Employer Address: _____

Officer: R. Decker

PICKERINGTON POLICE DEPARTMENT

1311 Refugee Road, Pickerington, Ohio 43147

614.575-6911

Witness Statement

Date: 22 Jun 16

Report #: CS-16-1059

I, Terrance Wray, volunteer the following information of my own free will, for whatever purpose it may serve. No threats have been made to me, and no pressure of any kind have been used against me to acquire this statement which I make known to: _____ of the Pickerington Police Department. I verify that I am 34 years of age and I reside

at: 327 Pagoda Ct.

Pickerington

State of OHZip Code 43147

Additional Addendum to Report CS-16-1059

On 5/1/Jun/16 My 2014 Camaro ZL1 was burglarized. My Louis Vuitton Damier Eule 60 rolling travel bag was taken. Inside it was miscellaneous clothes and shoes. There were also 2 pair of Cartier sunglasses, 1 pair Cartier Kerala wood & platinum and the other pair ~~Cartier~~ Cartier brooklyn wood and platinum. My girlfriend's Louis Vuitton damier canvas trevi GM bag was stolen. It contained bank cards, cash (\$700). My JL audio 1200/1 slash amp was stolen. JL audio 300W glass amp, JL audio C2 693 speakers were stolen. My JL C3 door speaker were damaged as they tried to remove them. My 10 carat rose gold ring was taken, my diamond (90 carats) Cuban link necklace was taken, and my 50 carat 18k gold diamond bracelet was taken. My sound processor was also stolen from my car. My clothes were 3 robin jeans 3 robin shirts, 2 gucci belts, 2 gucci shoes, and underwear and socks. [REDACTED]

I have read each page of my statement consisting of 1 page(s). Any corrections I have made have been initialed by me. My signature attests that the facts contained herein are true and correct:

X: Terrance WrayDate: 22 Jun 16

OLN / State ID #: [REDACTED]

DOB: 12/30/81Phone: 614-369-6646

Witness: _____

Page 1 of 1

Employer: _____

Occupation: _____

Phone: _____

Employer Address: _____